

The usual two meetings of the House of Delegates and three meetings of the Council are arranged for, and there will be one meeting of the Council with the officers of constituent societies.

The presidents and secretaries of the various western state societies, as well as those of Mexico, Alaska and the Hawaiian Islands, have been invited to attend as unofficial delegates, and if a sufficient number accept there will be one meeting of this group with the officers of our own society for the discussion of problems of mutual interest.

The Council has approved the program committee's plan that all invitations to persons or organizations to the Yosemite meeting be issued in the name of the society and not by any individual or section. Members or sections desiring any invitations sent are requested to furnish the chairman of the program committee with the names and addresses as promptly as possible. The attendance of a number of physicians of national prominence already is assured.

The last meeting of the program committee and of the Council before the annual meeting will be the latter part of January. The program **MUST** be complete by that date. It will positively go to press the first week in February.

Members are urged to make their requests for assignment, giving the title and a brief synopsis of their paper as soon as possible to the appropriate section officers or to the Secretary of the Society.

The program committee invites constructive comments and suggestions regarding the program or upon any point that will help to make this year's meeting the most profitable of any in the Society's history.

Further comment regarding the program and the 1922 session will be found in each succeeding issue of the JOURNAL.

The November number will contain information regarding reservations, transportation and similar subjects. Rules regarding papers, discussions and programs will be issued in an early number.

Make your plans to go to Yosemite Monday to Thursday, May 15 to 18, and to attend the American Medical Association meeting in St. Louis, Monday to Thursday, May 22 to 25.

STOCK SELLING HOSPITALS

It seems advisable to publish a word of caution to members of the medical profession regarding purchasing stock and otherwise co-operating with visionary or unsound hospital propositions.

Information in this office and in the office of the League for the Conservation of Public Health shows clearly that, in addition to a considerable increase in the worthy activities for the expansion of hospital facilities in various communities, there is a much larger number of propositions that are poorly conceived, visionary and in some instances unsound and even dangerous.

The records of practically all of these proposi-

tions are in the League office. Physicians will do well before supporting any proposition financially or by service, to secure the facts of the situation. Before investing time or money in any new hospital project, you may save both by writing to the League for particulars. Some are devoting time or giving their moral influence to projects that can never materialize.

THE CANCER SITUATION

Sufficiently striking to merit attention is the statement in an article elsewhere in this number that California has the highest cancer death rate in the United States outside of New England. This high rate ought to be reduced and the only way in which it can be reduced is to get our cancer patients to come earlier for treatment—for after it has widely metastasized, cancer is hopeless in the face of the highest surgical skill.

We can get our cancer patients earlier only by educating them about cancer—by convincing them that early cancer is curable and by telling them how they may recognize its beginnings. This education must come from the medical profession. To this end the American Society for the Control of Cancer deserves the united support of the medical profession in its intensive campaign of publicity during Cancer Week, October 30 to November 5.

FIXING THE SURGEON'S FEE

The action of the trustees of one of our large eastern hospitals in fixing a maximum fee for surgical operations has aroused much discussion in both the medical and lay press and wherever men gather. In California the comment is practically all in the nature of criticism of various degrees and types.

That such a ruling could be necessary or advisable in any hospital is susceptible of interpretation of past practices that the staff members of most good hospitals resent. It is difficult to believe that the surgeons of our profession, or any considerable group of them, have so far forgotten their teachings and commercialized their activities as to warrant action of the character under discussion. If such is the case, the choice of the hospital in which to make an experiment in discipline is unfortunate. This institution is heavily endowed by a great foundation and its staff members, who formerly rendered their services for personal fees, are now, in part at least, employed upon full time salary, render services for fees that are collected by the institution and used for institutional purposes.

Fair-minded persons will not want to question the motives of the distinguished board of trustees of this splendid institution, but the vast majority of physicians, as well as the thinking element of the community, are regretting a step that unquestionably is not in the best interests of the medical profession or of the public.

In a sense the persons directly affected by this ruling are practicing corporation or socialized medicine. The voice of the profession is against this principle. Surely it will not decrease the aggregate cost of medicine to the public. It will decrease a comparatively small number of large fees to people well able to pay them. It will result in a general upward tendency of fees by surgeons of all grades of ability, this under the perfectly natural philosophy that, now that a fee has been fixed for the best, no one can charge less, for fear he may be classed as second rate. So on through